R E P O R T R E S U M E S

ED 019 424 VT 001 964

POLICIES AND GUIDELINES FOR THE TRAINING OF DENTAL AUXILIARIES.

AMERICAN DENTAL ASSN., CHICAGO, ILL.

PUB DATE AUG 66

EDRS PRICE MF-$0.25 HC-$1.32 31P.

DESCRIPTORS- *HEALTH OCCUPATIONS EDUCATION, PROGRAM DEVELOPMENT, ACCREDITATION (INSTITUTIONS), *DENTAL ASSISTANTS, *DENTAL TECHNICIANS, *DENTAL HYGIENISTS, *PROGRAM GUIDES, CURRICULUM,

ALTHOUGH THE DENTAL PROFESSION NOW SEEKS SUPPORT FOR AUXILIARY TRAINING PROGRAMS FROM EDUCATIONAL INSTITUTES OTHER THAN DENTAL SCHOOLS, IT IS CONCERNED THAT TRAINING IN NONDENTAL SCHOOL SETTINGS SUCH AS JUNIOR COLLEGES, TECHNICAL INSTITUTES, UNIVERSITY EXTENSION PROGRAMS, AND POST-HIGH SCHOOL VOCATIONAL PROGRAMS PREVENTS TRAINEE EXPOSURE TO MEDICAL AND DENTAL PERSONNEL IN A TOTALLY PROFESSIONAL ENVIRONMENT, MAY PREVENT ADEQUATE CLINICAL TRAINING, AND MAY LEAD TO ENCROACHMENT BY COLLEGE EDUCATORS ON THE PROFESSION'S RIGHT TO DETERMINE THE AUXILIARY'S DUTIES. COUNCIL POLICY WILL CONTINUE TO ENCOURAGE DEVELOPING NEW AUXILIARY TRAINING PROGRAMS IN DENTAL SCHOOL SETTINGS BUT RECOMMENDS COOPERATION BETWEEN DENTAL SCHOOL AND JUNIOR COLLEGE PROGRAMS. COUNCIL POLICY ON AUXILIARY TRAINING PROGRAMS IN NONDENTAL SCHOOL SETTINGS COVERS SCHOOL ACCREDITATION, ADVISORY COMMITTEES, EDUCATION AND EXPANSION OF DUTIES AND FUNCTIONS OF ASSISTANTS AND HYGIENISTS, AND COUNCIL RELATIONSHIPS WITH ACCREDITING AGENCIES. GUIDELINES TO AID MEMBERS OF THE PROFESSION AND EDUCATORS OUTSIDE THE PROFESSION IN DEVELOPING NEW PROGRAMS AND FACILITIES FOR DENTAL HYGIENISTS, ASSISTANTS, AND LABORATORY TECHNICIANS PERTAIN TO (1) PROFESSIONAL DUTIES OF THE AUXILIARIES, (2) FACULTY, (3) CURRICULUM, WITH EMPHASIS UPON ARRANGEMENTS FOR CLINICAL PRACTICE, AND (4) CERTIFICATION. A DESCRIPTION OF THE COUNCIL'S ACCREDITATION PROGRAM AND A LIST OF RELATED PUBLICATIONS AVAILABLE THROUGH THE COUNCIL ARE INCLUDED. COPIES OF THIS DOCUMENT ARE AVAILABLE FROM COUNCIL ON DENTAL EDUCATION, AMERICAN DENTAL ASSOCIATION, 211 EAST CHICAGO AVENUE, CHICAGO, ILLINOIS 60611. (JK)

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

ED019424

AMERICAN DENTAL ASSOCIATION
Council on Dental Education

POLICIES AND GUIDELINES

For The Training of

DENTAL AUXILIARIES

AUGUST 1966

Third Edition

VT 01964

1964

M E M O R A N D U M --

TO: The ERIC Clearinghouse on Vocational and Technical Education
The Ohio State University
980 Kinnear Road
Columbus, Ohio 43212

FROM: (Person) William A. Garrison (Agency) American Dental Association Council on Dental Education

(Address) 211 East Chicago Avenue, Chicago, Illinois 60611

DATE: April 30, 1968

RE: (Author, Title, Publisher, Date) Policies and Guidelines for the Training of Dental Auxiliaries, Council on Dental Education, August, 1966

Supplementary Information on Instructional Material

Provide information below which is not included in the publication. Mark N/A in each blank for which information is not available or not applicable. Mark P when information is included in the publication. See reverse side for further instructions.

(1) Source of Available Copies:
Agency American Dental Association, Council on Dental Education
Address 211 East Chicago Avenue, Chicago, Illinois 60611
Limitation on Available Copies No Price/Unit N/C
(quantity prices) N/C

(2) Means Used to Develop Material:
Development Group Council on Dental Education
Level of Group National
Method of Design, Testing, and Trial Designed by dental educators

(3) Utilization of Material:
Appropriate School Setting Junior & community colleges, vocational-technical institutes & other Post-High school institution
Type of Program Dental auxiliary training programs
Occupational Focus dental assisting, hygiene, and dental lab. tech.
Geographic Adaptability National
Uses of Material Program planning
Users of Material School and program administrators

(4) Requirements for Using Material:
Teacher Competency Bachelors degree and/or certification & licensure
Student Selection Criteria Post-high school
Time Allotment N/A

Supplemental Media --
Necessary X
Desirable
(Check Which)

Describe P - pages 17, 22 & 25

Source (agency) American Dental Association, Council on Dental Educatio
(address) 211 East Chicago Avenue, Chicago, Illinois 60611

DO NOT FILM THIS PAGE

Instructions

The form on the reverse side is for the purpose of providing information on curriculum material submitted to the ERIC Clearinghouse on Vocational and Technical Education. The form, as submitted, will appear on microfiche with the publication and the ERIC Resume; thus, typing is necessary. Instructions for providing information on the form are explained below. Please provide as much information as possible.

The person, agency and address should be provided in the memorandum heading. A bibliographic citation for the material being submitted should also be given.

(1) The name and address of the source where materials may be ordered should be included, regardless of authorship of the material. Limitations on the availability of copies should be listed, as well as the price per unit and quantity prices. If source does not wish to service orders for this material, please mark ERIC Only in the space designated for Agency.

(2) Means used to develop material should include:

Development Group -- the individual or group principally responsible for the material's development. (e.g., individual authorship; development committee of teachers, supervisors, teacher educators; R & D project)
Level of Group -- level of the group which developed the material. (e.g., local, state, regional, national) In the case of individuals, list their titles.
Method of Design, Testing, and Trial -- methods used in designing, testing, and trying the material prior to its final publication. (e.g., designed by subject matter specialists and teacher educators from the results of industry survey, tested on a small group, refined, and pilot tested in ten schools)

(3) Utilization information should include:

Appropriate School Setting -- the type of school for which the material was designed. (e.g., community college, technical institute, area vocational high school)
Type of Program -- the nature of the educational program for which the material was designed. (e.g., high school class, rehabilitation, retraining)
Occupational Focus -- the occupational focus to which the material is directed, whether a specific job or an occupational cluster.
Geographic Adaptability -- the limitations of the material related to geographical regions. (e.g., Southeastern United States, Western United States, Minnesota, etc.)
Uses of Material -- the specific uses for which the material was designed. (e.g., course planning, lesson planning, student reading)
Users of Material -- the person for whom the material was designed. (e.g., teacher, student)

(4) Requirement information should include:

Teacher Competency -- the subject matter specialization, level of training and experience required of the teacher in order to use the material.
Student Selection Criteria -- the age, sex, grade level, aptitude, prerequisite training, and employment goals of the students.
Time Allotment -- the amount of time required for use of the material in total clock hours.
Supplemental Media -- the media, either necessary or desirable, which is available for use with the material. Please list the source, including name and address, where the material may be obtained.

(5) Please list other information on a separate sheet. This might include unique aspects of the material not provided for in other categories on the form.

TABLE OF CONTENTS

Page

INTRODUCTION

Number of Auxiliary Training Programs August, 1966..... 2

Total Enrollment in Auxiliary Training Programs, 1965-1966 Academic Year..... 3

Trends in Dental Auxiliary Training Programs..... 4

Concerns of the Profession in the Training of Auxiliary Personnel..... 6

PART I - POLICIES AND VIEWS ON THE TRAINING OF AUXILIARY PERSONNEL

Auxiliary Training Programs Conducted in Dental School Settings..... 8

Auxiliary Training Programs in Non-Dental School Settings..... 9

Auxiliary Education and the Expansion of Duties and Functions of Dental Assistants and Dental Hygienists..... 11

Dental Auxiliary Training - Accreditation and Relationships with the National Commission on Accrediting, & Member Regional Accrediting Agencies of the Commission..... 11

PART II - GUIDELINES FOR NEW SCHOOL DEVELOPMENT FOR THE TRAINING OF DENTAL AUXILIARIES

Dental Hygiene Curriculums..... 13

Faculty Qualifications..... 14

Need for Clinic Facilities and Sufficient Clinical-Patient Material..... 15

TABLE OF CONTENTS

	Page
Entrance Examination for Admission to Dental Hygiene Schools	16
Dental Hygiene Licensure by State Boards of Dental Examiners	16
Curriculum Guidelines and Basic References for Local Planning Committees	17
Dental Assisting Curriculums	18
Faculty Qualifications for Dental Assisting Curriculum Directors or Supervisors	19
Characteristics of Training Facilities for Dental Assistant Curriculums	19
Teaching Chairside Practice	20
Dental Assistant Certification	21
Curriculum Guidelines and Basic References for Local Planning Committees	22
Dental Laboratory Technician Curriculums	23
Faculty Qualifications for Directors and Supervisors of Dental Laboratory Technician Curriculums	24
Characteristics of Training Facilities for Dental Laboratory Technician Curriculums	24
Curriculum Guidelines and Basic References for Local Planning Committees	25
PART III - COUNCIL ON DENTAL EDUCATION ACCREDITATION TERMINOLOGY AND CLASSIFICATIONS* - Appendix I	26

*Adopted by Council on Dental Education, American Dental Association, in May, 1966

AMERICAN DENTAL ASSOCIATION
Council on Dental Education

POLICIES AND GUIDELINES FOR THE TRAINING OF DENTAL AUXILIARIES *

Introduction

Since the early 1950's, the Council has encouraged and urged the profession to: (1) make greater use of dental auxiliary personnel, in order to assist the dentist in providing increased and more extensive dental service to the public; (2) establish locally and regionally, in accordance with need and demand, training programs for dental assistants, hygienists and laboratory technicians; (3) use its dental schools to teach dental students how, most effectively, to use dental auxiliary personnel and particularly, the dental assistant in recent years; (4) motivate dental schools and dental societies to investigate and explore the possibility of assigning additional and increased duties to the dental assistant and dental hygienist; (5) seek expansion and placement of auxiliary education in dental schools, junior colleges, and other comparable educational facilities, in higher education; and (6) plan new and remodeled dental school facilities to include space for the training of dental auxiliaries.

The profession has looked upon the utilization of auxiliary personnel for more than a decade as one of the most feasible, realistic and economical ways that it can meet the increasing need and demand for dental services evidenced by the public. Indications that the profession has recognized the importance of Council views and recommendations concerning the utilization of auxiliaries, and the expansion of auxiliary training programs are clearly demonstrated in the following data:

*Approved by the Council on Dental Education, American Dental Association in May, 1966

TABLE 1
Number of Auxiliary Training Programs*
August, 1966

Accreditation Status	Program Length: Dental Assistant 1 yr.	Dental Assistant 2 yr.	Dental Laboratory Technician 1 yr.	Dental Laboratory Technician 2 yr.	Dental Hygienist 2 yr.	Dental Hygienist 4 yr.	Total Number of Programs by Accreditation Status
Approval	30	19	-	5	44	19	117
Provisional Approval	3	2	-	-	3	-	8
Preliminary Provisional Approval	23	8	-	-	-	-	31
Accreditation Status Not Determined	16	3	-	5	3	-	27
Planning Stage	65	-	-	9	4	-	78
Total number of programs by type of auxiliary	169		19		73		261 (grand total)

*Some schools offer both one and two-year dental assistant programs. Also, some schools offer two and four-year dental hygiene programs, e.g., there are 69 dental hygiene programs in operation and 4 in the planning stage, located in 61 parent institutions. Therefore, the number of programs in this table exceeds the number of parent institutions offering auxiliary training programs.

TABLE 2
Total Enrollment in Auxiliary Training Programs
for 1965-1966 Academic Year

Type of Training Program	First Year	Second Year
Dental assistant	2,210	588
Dental hygiene	2,101*	1,762*
Dental laboratory technology	194	148
Subtotals	4,505	2,498
Total	7,003	

*Figures represent number of students in first or second years of dental hygiene programs, regardless of whether the two-year dental hygiene component is combined with two years of liberal arts to make a four-year college course. When the two years of dental hygiene study are so combined, they may be taken as the freshman and sophomore years or as the junior and senior years of college. There are other variant patterns, including a fully structured four-year program in dental hygiene at one university.

Although the Council is pleased that the profession has favorably responded to its policies relating to the utilization of auxiliaries, and to its recommendations that the number of training programs for all three classes of dental auxiliaries be increased substantially--in accordance with local needs and demands--the Council is also aware of certain trends emerging in the pattern of dental auxiliary education which, in turn, have raised some concerns as well. Both trends and concerns noted by the Council are identified in the Sections that follow.

Trends in Dental Auxiliary Training Programs. For the past decade, the dental profession in the United States has been accelerating and expanding its use of auxiliaries and increasing their number in order to extend dental care to a growing population. Delegation of many routine tasks performed by dentists to auxiliary personnel is now regarded by the profession as one of the better means of increasing dental manpower and extending dental service to a greater number of people, while maintaining the high standards of practice which have long characterized dentistry in this country. While placing greater emphasis on the use of auxiliaries, the profession is nevertheless continuing to expand existing dental schools and to encourage development and construction of new and modern schools.

It is an established fact that enactment of legislation by the Congress in recent years has enabled the profession to widen its effort to expand the supply of needed professional and auxiliary manpower more successfully than in the past. The National Defense Education Act of 1958, with subsequent amendments, the Manpower Development and Training Act of 1962, the Vocational Education Act of 1963, and the Health Professions Educational Assistance Act of 1964--represent the type of legislation which, together with legislation designed specifically to broaden the horizons of dental research, has resulted not only in the modernization and expansion of existing dental schools, the planning of several new schools in regions where they did not previously exist, but also the notable expansion and development of new vocational, technical and semi-professional programs in junior and community colleges throughout the nation. Dentistry, with other professions, has been the beneficiary of a new climate of opinion in the nation which recognizes and affirms the importance of health care and the need to maintain health manpower resources at strengths needed to meet burgeoning needs and demands of the public for all types of health service.

In dentistry, some of the readily identifiable trends in the development of auxiliary manpower at this time are the following: (1) more training programs for auxiliaries are currently being established in non-dental school settings than dental school settings (i.e., in junior and community colleges, technical institutes, university extensions departments, and the like); (2) since June, 1965, 27 of 68 hygiene programs are located in junior colleges, or comparable institutions; 62 dental assisting programs have been established in non-dental school settings; six of the seven dental technology programs are now located in non-dental school settings; thus, of a total of 143 auxiliary programs, 53 are located in a dental school, while 90 are not; (3) of the 68 dental hygiene programs, only 41 are now located in dental schools; (4) only six dental assisting schools are located in dental school settings; (5) six of seven dental technology programs are located, respectively: in a junior and community college, technical institute, vocational center, or university extension department; (6) a majority of universities now have policies which preclude the establishment of two-year, or less than two-year, vocational and technical programs similar to those described in Council on Dental Education educational standards for dental auxiliary personnel; adoption of these policies reflects a definite trend in higher education to differentiate functions in education between different types of institutions; i.e., universities now regard their primary function to be the development of professional and research personnel; on the other hand, junior and community colleges, technical institutes and university extension departments are assuming greater responsibility for the training and development of personnel for occupational-technical fields; (7) recent federal legislative actions, such as the Manpower Development and Training Act of 1962 and the Vocational Education Act of 1963, have stimulated and accelerated development of junior college and post-high school vocational and technical training programs similar to those required by the dental profession for dental assistants and laboratory technicians; (8) the American Association of Junior Colleges, government agencies, foundations, and state and local authorities are aware of the trend to increase dental manpower through the use of formally trained auxiliaries; further, these agencies are aware of economic and social pressures which have tended to encourage development of these new training programs in junior college and vocational-technical school environments, rather than in universities; (9)

the American Association of Junior Colleges, particularly, has assisted and cooperated recently with dental organizations in increasing the number of dental assistant and hygiene schools needed by the profession, and also, in training dental assisting teachers; (10) accelerated expansion of schools for assistants and hygienists has produced a notable and serious shortage of qualified teachers in these specialized fields.

Concerns of the Profession in the Training of Auxiliary Personnel. In its continuous effort to assist the profession in the development of well-trained professional and auxiliary manpower, the Council realizes and understands that the trends in dental education and practice, as enumerated above, have also produced concerns within the profession which reflect less than complete uniformity of opinion and attitude of dentists towards such change and transition.

Some of the concerns expressed by dentists, as they have been brought to the Council's attention, are the following: (1) many dental educators have expressed honest doubt that auxiliaries should be trained in non-dental school settings; these educators express a sound and reasonable view that auxiliary personnel, as well as dentists, should obtain educational experience and professional orientation in a university medical, or health center, environment; they believe also in the importance of having the auxiliaries, during training, exposed to dental and medical personnel in a totally professional environment; (2) dental hygienists, if not assistants and technicians, should not be trained in schools and colleges too far removed from dental schools, since clinical dental hygiene instruction is most effectively carried out by experienced clinical teachers not always available to local junior and community colleges; (3) if dental assistants' and hygienists' duties and functions should be increased and broadened in the near future, there is a belief that junior colleges (or similar institutions) may not be able to provide adequate clinical teaching and supervision of the training programs; (4) relinquishment of responsibilities for teaching auxiliaries to college educators, not familiar with the profession's need for and use of auxiliaries, may lead to encroachments on the profession's right to determine maximum and minimum limits of the non-professional duties and functions which auxiliaries may perform for the dentist; (5) all education and training of dental personnel should be conducted under the close supervision of the dental profession, and within the environment of university dental schools, medical, or health science centers.

While the Council believes the foregoing trends and concerns merit close attention and consideration, the following sections of this statement will affirm the positive view that the profession now seeks support for auxiliary training programs from educational institutions other than dental schools. The policies and guidelines which follow are therefore intended to inform and aid members of the profession, and educators outside of the profession, who may wish to undertake the development of new programs and facilities for the education and training of dental auxiliary personnel. It is recognized that many new programs will desirably, and of necessity, be located in non-dental school settings.

Part I - Policies and Views on the Training of Auxiliary Personnel

1. Auxiliary Training Programs Conducted in Dental School Settings. Until the mid-1950's, most of the dental auxiliaries were trained in programs established by dental schools and conducted as departments of a school of dentistry. Many current programs still exist in these settings, particularly in dental hygiene. From the mid-1950's on, as previously noted, a majority of the major universities have adopted policies which enable them to fulfill their principal responsibility of developing professional and research personnel. These policies have placed strong emphasis upon the junior and community colleges as providing more suitable settings and facilities for the development of technical and semi-professional personnel needed by business and industry and the professions. In dentistry, the assumption of responsibility and leadership for the training of auxiliaries by junior, community, and technical colleges has been especially noticeable in dental assisting and laboratory technician schools. The Council expects that this trend will continue and, if anything, intensify in the 1960's and 1970's.

(1) When university policies permit, the Council will continue to encourage the development of new auxiliary training programs in dental school settings. Particularly, as new educational facilities are planned and built, the Council will encourage dental educators to provide space for some or all aspects auxiliary training, as both staff and facilities appear to be adaptable to these educational activities; (2) the Council believes that both dental and junior college educators can advantageously develop curriculums for auxiliary personnel which, though created for distinctly different educational settings, can satisfactorily achieve goals and objectives embodied in Council educational standards, with respect to both didactic and clinical instruction desired; (3) the Council encourages a free interchange of experiences and ideas between dental profession and junior college educators regarding the design and conduct of schools for auxiliary personnel; when possible to do so, the Council further urges members of the dental profession, as consultants, to assist junior college educators in the initiation and development of new programs in accordance with local community needs and demands; (4) when it is possible to do so, the Council will encourage joint dental school and junior college undertakings in the development of new auxiliary training programs; thus, while a dental school in a given locality may be able to provide only clinical and laboratory facilities and space for dental assisting, hygiene or laboratory

technology, a junior or community college may also be able to provide only general instruction in the sciences, liberal arts and social studies to complete the curriculum requirements; (5) where distance precludes the use of joint dental school and college facilities, the Council recommends that dental and junior college educators make every effort to collaborate in inaugrating new training programs in accordance with a local community's and profession's needs.

2. Auxiliary Training Programs in Non-Dental School Settings. (1) The Council's educational standards for the training of dental assistants, hygienists and laboratory technicians encourage establishment of curriculums for these auxiliaries in recognized educational institutions offering either post-high school, or college-level, education and training. (Only the hygiene curriculum is required to be given as a college level course of study. Dental assistant and laboratory technician training may be given as post-high school, vocational, or technical studies;) (2) parent institution sponsors of auxiliary programs are expected to be accredited by a regional accrediting agency member of the National Commission on Accrediting; (3) the Council does not recognize or accredit training programs for auxiliary personnel which are proprietary in nature, or which lead to profit for an individual, or group of individuals; (4) educational institutions, such as junior colleges or their accepted counterparts, offering dental auxiliary training curriculums, will be encouraged to consult with representatives of local dental societies and auxiliary organizations in the planning of new schools and in their subsequent operation; the Council also recommends that dental society and auxiliary organization Liaison Committees be organized and operated in continuum, to provide support and consultation for successful and sustaining operations; (5) the Council urges sponsoring institutions to seek advice and consultation freely from the Liaison Committee and, when available, to consult with dental educators and administrators as well.

3.a. Function of Advisory Committees. When properly utilized, local advisory committees insure that the particular program is kept up-to-date, functional, and that it meets the needs of the dental profession and the community. The Council recommends that such committees be used for all programs not located in a dental school for the dental auxiliaries.

In many educational institutions, an advisory committee is appointed by the administrative body of the institution, while in others

it is an arm of the local dental society. Ordinarily, the advisory committee is not assigned administrative responsibility but it functions to ensure that educational programs are dynamic and effective by making recommendations concerning the following matters: (1) developing standards for selecting qualified students for the program; (2) determining content of the training program, based upon the broad outlines provided by the Council; (3) recommending space and equipment needs for effective training; (4) locating outstanding, experienced, and professionally able men and women to act as instructors; (5) informing the educational institution as to changes occurring within the field; (6) helping to determine the future trends of a particular auxiliary field; (7) reviewing constantly the educational program and recommending improvements to be considered; (8) advising the administration about employment opportunities for graduates; (9) publicizing the program and securing the community cooperation and interest; (10) assisting in recruitment of qualified applicants for the program.

3.b. Committee Composition. To be most effective, an advisory committee should be composed of individuals representing the educational institution, the local dental society, and the local society representing the dental auxiliary group involved in the program. To ensure continuity of thought and program, members should be appointed or elected on a rotational basis, with each having a tenure of office of several years. Two or three representatives from each group provides a workable size for an advisory committee. Individuals representing the educational institution should include the instructors and the Director, or Dean, of the particular school or program involved. The dental society should be represented by individuals who have a specific interest in this field of education, and who primarily represent the broad field of general practice. The dental auxiliary society should be represented by individuals with several years of work experience as well as interest and experience in the particular field of education.

3.c. Qualifications for Committee Membership. In general, advisory committees should be composed of outstanding individuals in each field. They should be people of intelligence, integrity, and mature judgment. They should be known to be responsible, civic-minded, and cooperative as committee members. All committee members should have had a reasonable number of years of experience in their particular field. They should also be individuals with sufficient available time to devote to committee work, and show a willingness to use their time to this end.

3.d. Scheduling of Committee Meetings. Scheduling of advisory committee meetings varies. However, with new educational programs particularly, it is necessary to meet at regular, frequent intervals. Even for long standing programs, it is desirable to schedule regular meetings, although they may be held at somewhat infrequent intervals. Special meetings may be called when need dictates.

The liaison whithin the advisory committee is the vital communications link between the educational program and the needs and desires of the profession and the community. As such, it is vital to the success of any dental auxiliary educational program.

4. Auxiliary Education and the Expansion of Duties and Functions of Dental Assistants and Dental Hygienists. Within the context of recent discussions by the dental profession regarding expansion of dental assistant and hygienist duties, the Council emphasizes to educators and administrators that educational requirements for dental auxiliary curriculums, published in the Requirements for the Approval of Education and Certification Programs for Dental Personnel, apply only to training for the performance of duties and services which are currently acceptable to the profession. Further, the Council is now of the opinion that if and when additional services are assigned to assistants and hygienists, curriculums may need to be redesigned.

5. Dental Auxiliary Training - Accreditation and Relationships with the National Commission on Accrediting, and Member Regional Accrediting Agencies of the Commission: The Council on Dental Education is recognized by the National Commission on Accrediting to accredit educational programs in dental and dental hygiene education. The Council cooperates with, and complies with, the policies of the Commission; similarly, the Council cooperates, when possible, with regional accrediting agencies in conducting joint site visits to dental schools and schools for auxiliary personnel.

In 1964, the Commission officially recognized the Council as an accrediting agency in dental hygiene. However, the Commission has not yet taken action regarding dental assisting and dental technology accreditation because it is presently determining the limits of its jurisdiction over programs of study that do not generally lead to academic degrees.

In accordance with directives issued by the House of Delegates of the American Dental Association, and since 1946, the Council has accredited dental laboratory technician schools located in dental schools, junior colleges, and technical institutes; also, since 1960, the Council has accredited dental assistant schools located in a variety of educational settings.

Accreditation of parent institutions by a regional accrediting agency member of the National Commission on Accrediting, or by a state department of education, is considered a requisite for specialized program accreditation by the Council on Dental Education. Administrators and officials planning new programs for the training of the dental auxiliaries are requested to describe the accreditation status of their institutions at earliest possible planning stages of new programs.

Part II - Guidelines for New School Development for the Training of Dental Auxiliaries

In the past and continuing into the future, the Council views its role and function in the development of new auxiliary training programs principally as a consulting and advisory agency, serving the dental schools, the junior colleges and similar educational institutions, as well as the dental and dental auxiliary organizations, which may wish to establish curriculums in any of the three training areas identified by the profession.

The Council has formulated educational standards for dental schools, dental assistant, hygiene, and laboratory technician schools and, periodically, revises these standards, as need arises to revise and restate its principles. Also, the Council has formulated certification standards for dental assistants and dental laboratory technicians which govern the operation of certification boards established in these two occupations; these standards also govern certification of individual assistants and technicians. Educational and certification standards, approved by the American Dental Association, are available from the Council on request.

The Council is prepared at all times to aid and assist local dental and auxiliary organizations in the initiation of new training programs for dental auxiliaries. In addition, the Council has developed technical and reference material for use by local planning committees.

In the remaining sections of its guideline statement, the Council invites the attention of the profession, educators, and public, to the principal distinctions and differences which exist in the preparation and training of the dental assistant, hygienist and laboratory technician.

1. Dental Hygiene Curriculums. (1) The duties and functions assigned to the hygienist by the dental profession are viewed as essentially professional in nature. Under supervision and direction of the dentist, a hygienist is trained to provide services of the following types: preventive services (administering a complete oral prophylaxis for the patient); therapeutic services (applying topical fluorides and other medication, as directed by the dentist); and providing dental health education services (for both chairside patients and community health programs); (2) in view of the nature of these services, and in view of the educational and personal maturity required to render them in a professional manner, the Council specifies that dental hygiene curriculums be

offered as a college level program*; (3) further, the Council requires that dental hygiene curriculums include instruction in the biological and physical sciences, as well as in the clinical and technical procedures related specifically to preventive dentistry; (4) to comply with policies of the profession and with state dental practice acts, a licensed dentist must be available to supervise and direct all clinical phases of dental hygiene training.

Faculty Qualifications. As a general rule, the Council regards the selection of faculty, and the determination of faculty qualifications in dental hygiene schools, to be the prerogative of parent institutions. Current educational standards approved by the American Dental Association do not prescribe detailed specifications for education and experience of the faculty; however, the Council ordinarily expects to find administrators with an interest in, and knowledge of, the area of dental hygiene and with the ability to provide competent and adequate professional supervision. Similarly, the Council expects to find faculty members who demonstrate an interest in the field of dental hygiene, as well as competency and experience in their respective teaching areas.

Parent institutions may find the following guidelines helpful in their efforts to employ qualified and competent administrators and faculty for dental hygiene education programs:

Administrators: if not the dean of a dental school, the program should be under the administrative responsibility of a dentist having some background in administration and education, and experience in utilization of the services of the dental hygienist; if a dental hygienist supervisor is employed, she should have a baccalaureate degree at minimum - and preferably a graduate degree - experience in some area of dental hygiene practice, and some teaching experience on a dental hygiene faculty;

Faculty: dentist faculty members employed should have some teaching experience, and experience in the utilization of the dental hygienist's services; dental hygienist instructors should have at least a baccalaureate degree, plus experience in dental hygiene practice.

*See Requirements for an Accredited Program in Dental Hygiene Education, November 1965, "Level of Instruction".

Since the dental hygiene curriculum includes the teaching of courses in the basic sciences, liberal arts, and social sciences, however, it is recommended that non-dental faculty members be qualified by special preparation in their respective disciplines. It is preferred, though not required, that arts and science faculty members possess certificates or degrees equal to or higher than those to be earned by the dental hygiene students. In addition, the Council requires the parent institutions to employ licensed dentists and dental hygienists for the teaching of dental sciences and the theory and practice of clinical dental hygiene. Either part-time or full-time licensed dentists ordinarily should be engaged as supervisors of the clinical phases of the curriculum in most states, in order to comply with applicable state licensing laws.

Need for Clinic Facilities and Sufficient Clinical-Patient Material. Since a majority of dental hygienists today are clinicians, specializing in giving patient oral prophylaxis, schools offering dental hygiene curriculums should be prepared to supply a sufficient number of clinical places and clinical patients to enable them to prepare a competent dental hygiene practitioner. Ordinarily, the Council will not look with favor upon schools which arrange for the clinical training of students in the private offices of dentists. The Council does not believe that effective clinical education can be given to hygiene students in facilities other than established schools, hospitals, or public clinics. Accordingly, the Council will wish to be assured, in recognizing new hygiene curriculums, that adequate clinical facilities, as described, will be provided. In addition, the Council will wish to be assured that an adequate supply of clinic patient-material is available in the vicinity of the training program, so that each student may receive effective clinical instruction and experience throughout the training period.

Entrance Examination for Admission to Dental Hygiene Schools. The American Dental Hygienists' Association, in consultation with the Psychological Corporation of New York and the Council, has developed a specialized aptitude test, the Dental Hygiene Aptitude Testing Program (D.H.A.T.P.), for use in dental hygiene admissions. The D.H.A.T.P. was normed and validated on the basis of admitted classes of dental hygiene students. Statistical research, experimentation, and development of new test forms have been continuously conducted for the testing program since it was initiated in 1956.

A Handbook for college admissions officers and school directors describing the test, presenting test norms and validity data, explaining the development and research background supporting the program, can be obtained from the Council's office, or from the central office of the American Dental Hygienists' Association. The Handbook also includes a description of subtests in the battery, supplies comment and data relating to on-going experimentation and research, and explains the scoring system, and its interpretation use.

The Council urges both dental hygiene and dental educators to use the D.H.A.T.P. in conjunction with other tests and grade averages, as a factor in admitting students to dental hygiene programs. The D.H.A.T.P. is currently used by a majority of accredited dental hygiene schools.

Dental Hygiene Licensure by State Boards of Dental Examiners. The dental hygienist is the only one of the three auxiliaries employed by dentists, who must be licensed by a state board of examiners before being permitted to practice. In 1962, a Dental Hygiene National Board Examination was developed cooperatively by the American Dental Hygienists' Association and the Council of National Board of Dental Examiners of the American Dental Association. The examination program is conducted by the ADA Council for the dental hygiene profession; test scores from this examination are accepted by 40 state examining boards, in lieu of written examinations separately administered by each state.

All graduate dental hygienists are also required to take separate clinical examinations conducted by state boards to which application is made for a license to practice. In states which do not

yet recognize the National Board Examination, licensure applicants are required to take both written and clinical examinations.

Only graduates from dental hygiene schools accredited by the Council on Dental Education are considered eligible for licensure by the state boards of dental examiners. Curriculums currently approved by the Council--whether they are two-year certificate programs, or four-year degree programs--are considered adequate in structure and content to enable students to qualify for, and successfully pass, licensure examinations.

Curriculum Guidelines and Basic References for Local Planning Committees. At the request of local dental organizations and college officials, the Council will append to this statement the following material pertinent to the development of new dental hygiene programs: Dental Hygiene Aptitude Testing Program (information brochure); Careers in Dental Hygiene (vocational guidance brochure); The Hygienist as a Student (reprint); The Dental Hygienist in Dental Practice (reprint); Accredited Dental Hygiene Programs (list of approved schools); Requirements for an Accredited Program in Dental Hygiene Education Nov. 1965 (ADA educational standards); Dental Hygiene Curricular Study; Dental Hygiene Applicants and Accepted First-Year Students, 1959-63 and Type of Employment Secured by 1965 Graduates (supplemental data from the Dental Students' Register); Requirements and Registration Data: State Dental Examining Boards; Dental Students' Register.

From time to time additional references pertinent to dental hygiene education and revised editions of publications listed above will be included in special mailings from the Council's office.

2. Dental Assisting Curriculums. (1) The dental profession assigns a wide variety of duties and functions to the dental assistant in the performance of her auxiliary services. The assistant may perform some or all of the following duties in the dental office: operatory chairside assisting, reception and secretarial, dental laboratory technical work. Chairside assisting does not involve work in the mouth, in the sense that the dentist, or hygienist, renders intra-oral services. However, some patient contact by the assistant is required when she works at the chair; for example, at the direction of the dentist, the chairside assistant may retract the patient's cheek, depress the tongue, apply water and air, and keep the operating area clear. The assistant helps the dentist to apply the rubber dam, and makes X-ray exposures at the direction of the dentist. In addition, chairside assisting involves the passing of instruments to the dentist, sterilization of instruments, care of dental equipment and storage of dental instruments, preparation of trays for various operative procedures, preparation and mixing of impression materials and temporary and permanent restorative materials. Reception and secretarial duties may include: reception of patients making office visits or telephone calls, operating the dentists recall system, typing, bookkeeping, filing and ordering of dental supplies and materials. Dental laboratory technical work may involve the use of dental laboratory equipment, and the ability to perform technical procedures required in the fabrication of various prosthetic devices. Both one- and two-year dental assistant curriculums must assume that a dental assistant will be able to function in one or all of these service capacities. In a modern dental practice, many dentists now employ two or more assistants, thus permitting each to specialize in one aspect of assisting previously described. However, since the majority of dentists employ only one assistant, the Council's educational standards require that the broad scope of duties and assignments be encompassed in the accredited curriculums. (2) The Council encourages and recommends development of dental assistant programs in local junior and community colleges, and approves of their establishment either as one- or two-year curriculums in length; similarly, the Council welcomes activation of these programs in post-high school vocational-technical institutes or centers, conjointly with other health occupation training programs; since the dental assistant's duties are considered to be essentially technical and non-professional in nature, a vocational-technical level of instruction is suggested for curriculum and course planning

and design. (3) The Council's educational standards state that the minimum length of a dental assisting curriculum must be one academic year; however, the Council recognizes that two-year Associate in Arts degree programs offered by many junior colleges, offer certain educational advantages to students and to the profession that cannot be attained in the minimum one-year curriculum. The Council therefore looks with favor upon junior college two-year programs, which include approximately one year of general education.

Faculty Qualifications for Dental Assisting Curriculum Directors or Supervisors: The Council recommends that program directors, or supervisors, be Certified Dental Assistants, at the minimum. However, the Council prefers (but does not require) that directors also have a baccalaureate degree.

Sponsoring institutions also may wish to consider qualifications of persons having educational background and experience in other health professions. Practical dental assisting experience, plus teaching experience that is acceptable to the parent institution, will be considered important as criteria for selecting dental assistant directors, supervisors and teachers.

Characteristics of Training Facilities for Dental Assistant Curriculums: The average size dental assisting class ranges from about 15 to 30 students. Facilities for the training program should provide for regular classroom space (to include desks, lockers, blackboards, etc.); space for a laboratory furnished with all of the basic dental equipment and machines ordinarily used by dentists; space for well-equipped dental operatories, including X-ray units. Chairside assisting instruction, and X-ray processing are an essential part of the training of dental assistants. Thus, the simulated operatory and X-ray unit are considered to be minimum equipment for effective instruction. The Council's central office can provide administrators with plans for classroom, laboratory and equipment layouts on request. Space layouts and floor plans for a dental assisting program may also be obtained on request from the U. S. Public Health Service, Division of Dental Public Health and Resources, Department of Health Education and Welfare, Washington, D. C.

Teaching Chairside Practice: Within the last five to ten years, there has been a strong trend by dentists to use the services of the dental assistant to improve his chairside and operative efficiency. In recognizing this trend, the Council will give special attention to methods adopted by program directors and supervisors to teach chairside assisting.

Because of space and budget limitations, the Council realizes that some dental assisting curriculum sponsors will not be able to provide in-residence, chairside assistant training. However, the following teaching methods are preferred by the Council, when they are locally feasible and practicable: (1) placement of dental assistant students in dental school clinics, in accordance with arrangements made jointly by the sponsoring institution and the dental school; (2) placement of dental assistant students in a local hospital or municipal dental clinic facility, in accordance with arrangements which can be mutually agreed upon; (3) establishment of in-residence, small school clinics (4 to 6 operatories) presided over by local dentists, with clinic time and schedules mutually arranged between the sponsoring school and the local dental society.

The Council recognizes that internship arrangements are made with local dentists to give dental assisting students chairside instruction in a private office. Arrangements required to supervise this type of teaching are often difficult for sponsoring institutions to control. The internship system of providing chairside dental assisting instruction is therefore viewed by the Council as a less effective and controllable training method.

Function and Composition of Advisory Committees. It is recognized by the Council that inevitably there will be instances when dental assistant education programs will be initiated in localities where no dental schools, municipal dental clinics, or school dental clinics exist. In such instances "internship" arrangements with local dentists may have to be used to provide chairside dental assisting instruction and practice.

In these instances, the use of an advisory committee composed of representatives from the educational institution, the local dental society, and the local dental assistants society is essential. Several regularly scheduled meetings each school year should be held to evaluate and discuss school objectives in relation to community needs, curriculum problems, and particularly, problems

of design and supervision of the "internship" program. Private offices used for internships should be carefully selected by the advisory committee; consideration should be given to the type of practice, as well as the interest and cooperation of the individual dentist and his auxiliary personnel. Periodic meetings should be scheduled between the advisory committee and the complete office staff of each office used in the internship program to insure a continuity of the teaching program. The dental assistant instructor should be available during the internship program for regular visitations to the offices being utilized.

It is recommended that great care be exercized in selecting offices to ensure that all students receive a maximum learning experience. Due to program time limitations, offices of general practitioners should be selected and students should obtain experience in a variety of offices. Effective use of the opportunity to teach "in practice" dental economics should be made; the intricacies of welfare programs, prepayment, and post-payment dental care programs should also be included in the instruction.

The Council believes that maximum success of private office internships is contingent upon close communication between the advisory committee personnel and the individual private office staff personnel.

Dental Assistant Certification: Upon completion of the required formal training, and after accumulating a stated amount of practical experience as an employed assistant, graduates of accredited programs are considered eligible to be certified by the Certifying Board of the American Dental Assistants Association.

The Council believes that the dental assistant certification program establishes a high standard of proficiency and competence in dental assisting; therefore, the Council encourages schools to explain certification goals and objectives to its students. Information concerning the certification process in dental assisting can be obtained from the Council on Dental Education office, or from the Executive Secretary of the Certifying Board of the American Dental Assistants Association.

For the information of the dental assisting educators, the Council is of the opinion that accredited curriculums are adequate in design and content to prepare candidates to pass the national certification examination. Further, the Council urges educators to

encourage students to apply for the certifying examination at, or near, the conclusion of the training period.

Curriculum Guidelines and Basic References for Local Planning Committees: At the request of local dental organizations and college officials, the Council will append to this statement the following material pertinent to the development of new dental assistant programs: Requirements for the Approval of Educational Programs for Dental Assistants (ADA educational standards); Requirements for the Approval of a Certification Board for Dental Assistants; This Could Be You, A Trained Dental Assistant (vocational guidance brochure); Accredited Dental Assistant Programs (list of approved schools); Dental Students' Register (see tables 18-20 inclusive); Industrial Education Center, Durham, North Carolina, Dental Assistant's Educational Program, Plans and Policies (Proposed) (example of a training program designed to meet ADA standards); and Organizing a Dental Assistant Training Program (developed jointly by the Division of Vocational and Technical Education of the U. S. Office of Education and the Division of Dental Public Health and Resources of the U. S. Public Health Service).

From time to time additional references pertinent to dental assistant education and revised editions of publications listed above will be included in special mailings from the Council's office.

3. Dental Laboratory Technician Curriculums. (1) The dental profession does not assign patient contact duties to the dental laboratory technician. Only the dental hygienist, among the members of the dental auxiliary team, is permitted to render direct, intraoral treatment services, as previously noted. The dental laboratory technician performs work for and assists the dentist, in accordance with written "work authorizations" or "prescriptions" issued by the dentist. (2) The dental laboratory technician is an exceptional and highly qualified craftsman in his own right. He must be able to execute the work authorization of the dentist in order to produce the highly complex and intricate restorative appliances which the dentist requires for the proper oral health of his patient. (3) A technician must be able to fabricate numerous prosthetic appliances required by the dentist. All finished work produced by the technician must be precision work of the highest order, to permit effective treatment of the patient by the dentist. (4) A technician must understand the technology of articulation and occlusion, and the importance of esthetics to the completed case; accordingly, he must also know and understand the principles of chemistry, physics, mathematics as applied to the use and manipulation of basic dental materials.

From the foregoing, it is evident that a dental technology curriculum is basically technical in nature. The level of instruction desired is therefore technical or vocational, rather than college-level. The Council's requirements for curriculums in dental technology specify a minimum period of one academic year of didactic instruction, plus 12 calendar months of in-school, or on-the-job, supervised training, controlled by the sponsoring institution. The Council has permitted some accredited schools, however, to offer two complete and successive years of in-residence training, in lieu of its requirement to provide 12 calendar months of on-the-job training and experience. In accepting a variant curriculum design, the Council agrees with the educators who have adopted it, that the second year of in-school training effectively achieves the desired educational objectives described in Council requirements. The Council, therefore, will favorably consider alternatives to on-the-job training experiences in the second year of the curriculum when it is either difficult or impossible to find local dental laboratories which can participate effectively in an academically controlled educational process.

Faculty Qualifications for Directors and Supervisors of Dental Laboratory Technician Curriculums: The Council will expect directors or supervisors to be, at minimum, Certified Dental Technicians. However, the Council prefers (but does not require) that the direction of the program be assigned to persons having a baccalaureate degree, employment experience as a dental laboratory technician, and teaching experience that is acceptable to the sponsoring institution. From a realistic standpoint, however, the Council understands that most parent institutions will find that technical experience and knowledge of a high order is often the most that can be expected in evaluating qualifications of curriculum directors.

Characteristics of Training Facilities for Dental Laboratory Technician Curriculums: Classroom and laboratory space requirements for the dental technology curriculum are quite similar to those described for dental assisting. Some schools are able to schedule both curriculums in such a way as to use common laboratory and classroom facilities.

The essential need for the first-year of the dental technology curriculum is a classroom-laboratory area, in which both lectures and laboratory technics and procedures can be taught. Second-year curriculum, in some schools, involves the use of commercial, teaching-laboratories, permitting a combination training and work experience type of instruction to be arranged.

About 800 to 1,000 square feet of space is considered desirable for the classroom-laboratory area, for a class of 16 students. The laboratory feature of this facility should include all equipment deemed essential by the local dental advisory committee; such as, lab benches, lab engines, acid hood, model trimmer, casting oven, casting well, vacuum pump for investing sinks, storage cabinents, and lockers, etc. For lectures and demonstrations, the area should have a blackboard, adequate student desk space, and good lighting. Offices for the director, student lounges, and lockers are considered desirable.

When it is not possible to give students on-the-job training in a commercial dental laboratory, the Council recognizes that the sponsoring institution will need to make arrangements with local dentists and dental laboratory owners to have a sufficient amount of prosthetic case work available for teaching purposes. Such arrangements are sometimes difficult to make to fulfill the second-year curriculum requirements but they are nevertheless considered essential.

Curriculum Guidelines and Basic References for Local Planning Committee. At the request of local dental organizations and college officials, the Council will append to this statement the following material pertinent to the development of new dental laboratory technology programs:

Requirements for Approval of Educational Programs for Dental Laboratory Technicians (ADA educational standards); Accredited Dental Laboratory Technology Programs (list of approved schools); Dental Students' Register (see table 21); Industrial Educational Center, Durham, North Carolina, Dental Laboratory Technician's Training Program, Plans and Policies (Proposed) (example of a program designed to meet ADA standards).

From time to time additional references pertinent to dental laboratory technology education and revised editions of publications listed above will be included in special mailings from the Council's office.

COUNCIL ON DENTAL EDUCATION

R. Quentin Royer, D.D.S., Long Beach, California, Chairman
Lester W. Burket, D.D.S., M.D., Philadelphia, Pennsylvania
Robert I. Humphrey, D.D.S., Chicago, Illinois
C. Hanford Lazarus, D.D.S., Huntington, New York
Carl J. Madda, D.D.S., Chicago, Illinois
Raymond J. Nagle, D.M.D., New York, New York
John F. Steen, D.D.S., San Diego, California
George W. Teuscher, D.D.S., Ph.D., Chicago, Illinois
Milton G. Walls, D.D.S., St. Paul, Minnesota

Reginald H. Sullens, B.M.E., Secretary
Warren G. Ball, D.D.S., M.B.A., Assistant Secretary
John M. Coady, D.D.S., M.S., Assistant Secretary
Ben F. Miller III, M.A., Assistant Secretary
Thomas J. Ginley, M.A., Assistant Secretary

APPENDIX I

Council on Dental Education
Accreditation Terminology and Classifications*

With the recent advent of governmental support of dental school construction and with the broadening responsibility of the Council in both the number and nature of educational programs coming under accreditation purview, the Council has recognized the necessity for reviewing existing accreditation classifications. After extensive discussion, it was agreed that the Council should formalize a classification to be designated as "accreditation eligible" and further agreed that a classification of "confidential provisional approval" be established.

The following accreditation classifications have now been approved by the Council:

Accreditation Eligible - An accreditation classification established by the Council on Dental Education to give reasonable assurance to an educational institution, a licensing body, the federal government or other granting agency, indicating that the proposed dental or dental hygiene education program appears to meet the standards of the Council. In all instances, an "accreditation eligible" statement for a dental school must be based upon a site visit and evaluation.

Developing dental hygiene schools may obtain an "accreditation eligible" statement based on the evaluation of an institutionally prepared prospectus or completion of the Council survey manual. Site visits will be made to those programs in which there appears to be question regarding compliance with Council standards.

Preliminary Provisional Approval - An accreditation classification used for awarding dental assisting, dental laboratory technology and advanced education programs initial accreditation, based on a review of the appropriate Council survey manual rather than a site visit. This classification is granted to assure the educational institution and other agencies that the program is developing, or has developed, according to guidelines established by the Council. This classification provides assurance of candidate eligibility for certification examination. A site evaluation of new programs will be arranged at the earliest opportunity following the granting of "preliminary provisional approval".

*Adopted by the Council on Dental Education, American Dental Association in May, 1966

Confidential Provisional Approval - An accreditation classification applying to all programs under Council purview in which weaknesses in one or more areas of the program are identified but deemed correctable in a reasonable length of time. Ordinarily, the Council considers this "length of time" as a period not exceeding two years. At the end of this period, and upon receipt of a progress report, the Council may elect either to accept the progress report or arrange a special revaluation. When this classification has expired, and depending on Council findings, the program may be granted an accreditation classification of "approval" or as an alternative may be placed on "provisional approval".

Provisional Approval - A classification of accreditation granted to an educational program which meets the minimum standards of the Council but which has serious weaknesses in one or more areas that will, if not corrected, result in withdrawal of accreditation. This classification is used for all programs under Council purview and is considered adequate to meet the requirements of licensure and certifying boards.

Approval - An accreditation classification to indicate that an educational program meets, or exceeds, the minimum requirements of the Council on Dental Education. This classification is utilized for all education programs under Council purview.

In the past, the Council has on occasion requested administrators of educational programs to submit progress reports on the extent to which the institution has been able to implement the recommendations contained in accreditation reports. Council procedures have now been adjusted to provide for a routine progress report mechanism so that accreditation records will indicate developments which have occurred as a result of the formal evaluation report. The following statement will be incorporated in the revised Manual of Evaluation Procedures:

Progress Report - A routine reporting mechanism established by the Council on Dental Education, which requires the chief administrator of the program evaluated, to submit to the Council a document indicating the orderly implementation of recommendations contained in the last formal visit of a Council committee. This reporting mechanism applies to all programs regardless of the accreditation status granted by the Council and is usually due within one year following official Council visitation. The Council, on the basis of this report, will determine future accreditation status either by acceptance of the report or by placing the institution on the list for special revaluation.